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Social Work Practice of Hospital Social Workers under the Structural Adjustment Program in Greece: Social Workers Protecting the Right to Health Care within the Context of Neoliberalism

Maria Pentaraki

Dr. Maria Pentaraki¹ is Lecturer in Social Work at the School of Social Science, Education and Social Work, Queen's University Belfast. Previously she has held academic posts in England and Greece where she was also the Head of one of the largest social work departments. She has a wide range of research interests such as international social work, social work practice under austerity, shared austerity reality, grassroots community solidarity structures, gender based violence, dating and teenage relationship abuse violence and LGBT issues. She has been actively involved in the peace and justice movement throughout her life in many countries in which she has lived.

Abstract

OBJECTIVES: This study explores the effects of the Structural Adjustment Program (SAP) and its resultant social spending cuts and austerity measures on social work practice in Greek public hospitals. **THEORETICAL BASE:** The research is informed by a critical social theory approach. **METHODS:** Qualitative interviews were conducted with eleven senior social workers. **OUTCOMES:** Data gathered from qualitative interviews in 2011 reveal that underfunding and understaffing causes workers to intensify their professional efforts and to increasingly draw on more informal contacts, as well as on their personal resources, to respond to the needs of service users. Health care spending cuts within the context of neoliberal capitalism clearly undermine participants' ability to effectively perform their work, but they do the best they can with the available resources. Faced with an increasing inability to provide optimal care, participants reorient their focus to at least providing emotional support. A strong theme of resistance emerged, with participants insisting that health care is a right and not a commodity. **SOCIAL WORK IMPLICATIONS:** The paper maintains that it is imperative for the social work profession to understand that the difficulties they experience emerge within the context of neoliberal capitalism and thus austerity measures and social spending cuts need to become a locus of intervention.

Keywords

neoliberalism, social work, austerity, Greece, health care as a right, Structural Adjustment Program, resistance, social spending cuts, hospital social workers, relationship based social work

¹ Contact: Maria Pentaraki, MSW, PhD, School of Social Science, Education and Social Work, Queen's University Belfast, 6 College Park, Belfast, BT7 1NN; m.pentaraki@qub.ac.uk



INTRODUCTION

Since the 1980s, most developed countries have experienced pressures to cut public health care spending with medical social workers in countries from Canada to Finland, working harder and reporting lower job satisfaction (see Michalski, Creghton, Jackson, 2000; Heinomen et al., 2001). These pressures have been part of the neoliberal pressures facing the welfare state (Clayton, Pontusson, 1998; Pierson, 2002; Pentaraki, 2015; 2017a; 2017b; 2018; Garrett, Bertotti, 2017; Cummins, 2018; Verde-Diego, Prado Conde, Aguiar Fernández, 2018) of which the health care sector is an integral part (Pockett, Beddoe, 2017). A country in which health care public spending cuts are drastic is Greece. The Greek national health care system (NHS) is undergoing rapid changes and challenges due to budget cuts imposed by a Structural Adjustment Program (SAP) imposed by the Troika (International Monetary Fund, European Central Bank and European Commission) and accepted by successive Greek governments due to a public debt crisis (PDC). This PDC was not accrued due to social spending, unlike the dominant discourse, but was mostly due to low corporate taxation rates and high military spending (for a detailed analysis of the main factors that contributed to the PDC see Pentaraki, 2013). The SAP imposed policies were created along neoliberal lines (Markantonatou, 2012) and were a mandatory condition of the loan given to Greece as a result of its highly publicized debt crisis. Some of these policies related to the NHS were: Budget cuts that resulted in the introduction of user fees, cost-sharing schemes for medicines, the erosion of universal coverage, reduced hospital stays, reduced hospital staff, and a decreased availability of beds – all of which have affected the most vulnerable segments of society. It has been estimated that 9% of the health care budget has been cut every year since 2009, with cuts totalling almost 40% by 2012 (Kentekelenis et al., 2011; Zacharias, 2012). The senselessness of these mandated cuts is reinforced when one takes into account the official estimates (Hellenic Parliament, 2011) that the money paid to banks as interest on the public debt will be higher than the amount spent on health care and social protection combined. Further, a working paper by the research department of the IMF (Blanchard, Leigh, 2013), reported that the austerity policies imposed on Greece were based on incorrect calculations. This has led to suggestions that the policies imposed were the result of intense pressure by Germany rather than evidence-based policy. Thus, these policies seem to be more political than practical, ‘raising concerns on various fronts about the threat to equal access and to the availability of quality health care services’ (Heinomen et al., 2001:73). This ideological basis for the SAP is evident when considering the low percentage of the Greek budget that is spent on public health. In 2010, the percentage of Greece’s health-related spending that was publically funded was well below the OECD average (59.4% and 72.2%, respectively), and Greece has below-average per capita health spending among OECD countries (2914 and 3268 USD, respectively; OECD, 2012). However, despite Greece’s below-average per capita spending, it was subjected to the deepest social-spending cuts of any country in the EU. These changes to the medical system have been exacerbated by the overall deterioration in Greek socio-economic conditions, with massive lay-offs giving rise to an unemployment rate of 23.6% (Eurostat, 2018a), cuts in pension and salary payments ranging from 25% to 45%, and over one third of the population being at risk of poverty (Eurostat, 2018c). It is worth noting that Greece has experienced the highest increase in its unemployment rate in the EU between 2005 to 2016, when the unemployment rate of 10% in 2005 jumped to 23.6% in 2016 (Eurostat, 2018a). This paper aims to explore the effects of the SAP and its resultant social spending cuts on social work practice in Greek public hospitals, from the perspective of senior frontline state medical social workers. This is the first study focusing exclusively on medical social workers’ perceptions conducted under the present changing circumstances in Greece. Health care budget cuts and the effects of the SAP are approached by looking at the issues that a small group of medical social workers consider meaningful. This paper aims to explore medical social work perspectives and experiences to analyze how budget cuts and SAP measures are manifested in the social services



of the public hospitals. It also aims to explore how social work practice is reconfigured under the challenging conditions of budget cuts. Before the empirical research is presented the paper will briefly outline the NHS in Greece and the general socio-economic context of the SAP as well as a brief discussion of the health care system and social work in Greece.

Greek health care system, socio-economic context of the SAP and social work

According to the Greek constitution, health is a social right. Greece was a signatory of the Alma-Ata Declaration (WHO, 1978), committing itself to working towards universal access to primary health care and declaring health to be a human right. In this context, in 1983 Greece developed a national health care system (NHS), intending to universalize care, remove disparities, and restrict the private sector. Many public hospitals were established and services were provided at no cost to citizens (Tragekes, Polyzos, 1998). Near-universal coverage was provided, along with stable socio-economic conditions. This resulted in good health status outcomes as compared to other OECD countries: Greece had some of the lowest suicide, infant and maternal mortality rates among high income countries, and life expectancy was a year above the OECD average (UNICEF, 2009; OECD, 2011).

Since the onset of the economic crisis, there have been disturbing trends, with infant and maternal mortality rates almost doubling and becoming among the worst in high income countries for falling life expectancy (Kentikelenis et al., 2011; Greek National Medical Conference, 2012). It has been documented by Mantzouranis et al. (2012), that 70% of Greek participants in their study could not afford to pay for medicines prescribed by their doctors, and 79% of participants felt that the anxiety associated with this inability to receive necessary medications was associated with increased rates of anxiety, depression, and sleep disorders. Reports by medical and humanitarian organizations have reported that Greece – especially Athens, where almost half the population lives—is at the brink of a humanitarian crisis (Doctors of the World, 2012).

As a result, social workers in general increasingly find themselves working in deteriorating socio-economic conditions among an underfunded health care system which are features of neoliberal capitalism (Navarro, 2009). Social workers operating within a hospital setting are particularly affected, as they are primarily concerned about the connection between health and the physical and social environment.

Direct psychosocial intervention with people who are ill, disabled or injured is important and necessary work drawing on social workers' energy and resources. Helping people to deal with stress and loss, adopt and thrive despite disabling and chronic conditions, and succeed in the transition from health facilities to residences and communities are focal (Heinomen et al., 2001:73). Informed by this definition, medical social workers utilize psychosocial interventions informed by the person-in-environment approach since they aim to activate available resources in all interconnected systems to facilitate the transition from health care facilities to families and communities, ensuring continuity of care and improving or restoring health status.

It is evident that a context of austerity which brings deteriorating socio-economic conditions, along with underfunding and understaffing, undermines the work of medical social workers as, on the one hand, there is a lack of available infrastructure and, on the other hand, families which could help are already stretched. For example, social spending cuts have decreased the availability of elderly care in the community. Families that traditionally were providing care for the elderly now lack the necessary resources. Greek public hospital social services struggle to support patients and address the social problems they face within the framework of state policies (Government Gazette of the Hellenic Parliament, FEK, 1986). The overall deterioration in socio-economic conditions caused by austerity measures has not only exacerbated the social problems that patients face, but has also damaged the health care system, placing enormous challenges on social work practitioners.



METHODOLOGY

A small-scale, explorative qualitative study was conducted in order to learn more about the perceptions of senior, frontline medical social workers regarding the impact of the SAP and related austerity measures on their work. This was not intended to be a representative study with generalizable results, but is part of a larger, on-going research project (Pentaraki, 2015; 2017a; 2017b; 2018) studying the response of social workers to the Greek public debt crisis and informed by a critical social theory approach (Kincheloe, McLaren, 2000).

Data collection

Data were collected through 11 semi-structured, in-depth interviews. Participants worked in seven public hospitals in three cities. One city was the greater Athens area; the other cities are unnamed to protect participant anonymity. Study permission was granted by hospital directors or deputy directors of social services; directors and deputy directors were often interviewed as participants, due to a lack of other staff. One of the main questions that guided the open-ended semi-structured interviews reported here was: How has the delivery of the social services been influenced by the SAP and the economic crisis?

Participants

Participants were selected using the purposeful sampling techniques of snowball and convenience sampling. All participants were currently working as senior medical social work practitioners in the social service department of public hospitals as directors ($n=7$), deputy directors ($n=2$), or other senior staff ($n=2$). Two participants held post-graduate degrees in social work, and the rest held undergraduate degrees in social work. All participants were full-time public sector employees, female, and natural-born Greek citizens. Ethical approval for the interviews was obtained through the relevant Ethics University committee.

Procedures

Interviews (all but one) were conducted in a hospital setting, from December 2010 to September 2011 (average length = 40 minutes). Interviews were recorded and transcribed, then thematically organized to identify, categorize, and analyse themes and patterns within the data (Braun, Clarke, 2006).

RESULTS

The main themes that emerged from the data were changing working conditions that are characterized by the *intensification of workload* and the collapse of hospital, community and family recourses that denotes and changes of working practices with participants acknowledging the use of *the self and the empathetic relationship*, as social workers realize that 'the only thing I can do is to empathise', as empathy is the only remaining resource. The final main theme discussed is an *emerging collective identity*.

Working conditions

Participants all reported pressures to their working conditions that are characterized by intensified and increased workloads due to diminished resources and deteriorating socio-economic conditions.

Workload pressures

The nature of participants' workload has changed; they see a great number of service users with more pressing problems, but with fewer resources available to address them. This reflects the 24% rise in admissions to state hospitals in 2010 as compared with 2009 (Kentekelenis et al., 2011),



and the increasing number of uninsured people, during the time of the interviews, that asked for assistance from the social services.

Underfunding was highlighted by all participants, with wide-ranging implications for their practice, undermining their ability to fulfil even basic needs such as procuring basic hospital gowns for service users, obtaining bus tickets for the service users to get home, or fulfilling basic administration duties. Study participants reported needing to buy their own printer ink and photocopy paper. One participant and her husband painted the social service office since there was no money designated for it. When office supplies are exhausted, participants reported difficulties in locating ways to substitute for them, similar to social workers in Ghana interviewed by Laird (2008).

Resources are sought after more intensely, with an increasing dependence on churches and the invocation of familial duty, which are signs of the breakdown of state solidarity structures. Social workers have to spend much more time locating resources. Every participant mentioned how, traditionally, the hospitals could depend on church collection box donations (Pentaraki, 2017b); however, this source of revenue has greatly decreased, necessitating resorting to informal sources of revenues such as volunteer networks and nearby churches. Participants reported fundraising in the hospital through organizing bazaars, or by asking for money from more highly paid medical staff, such as consultants. Many participants give their own money to clients in dire need. One director said: *"We have many elderly people at the day of their discharge that ask me, 'Can you give me two euros so I can buy a yogurt for the night?' We give all the time [...] up to this point, I have given about 400 euros from my own pocket"*.

Participant workloads have also been affected by the rise in unemployment, which has resulted in an increased number of uninsured people. While those who were previously salaried employees are eligible for health insurance coverage through the public social security fund, immigrants who lose their jobs and, consequently, their residency status are excluded. Small business owners who went bankrupt and were unable to pay their health insurance contributions are also excluded. All participants stated that they did what they could for both uninsured immigrants and bankrupt business owners to get them access to health care services. One participant, echoing all participants, stated: *"Traditionally we had to deal with only immigrant uninsured people, but now we see people that for the biggest part of their lives were living well in their own house, having a good income having lost everything for no fault of their own. They lost their business due to the economic crisis and now their lives are devastated. A lot of these cases are people that come to us with cancer and no access to health care. You can see their families dressed in really expensive clothes that remind of their previous lives and now..."*.

These changing working conditions gave rise to changing working practices. Participants reported making use of their personal contacts to attempt to overcome bureaucratic hurdles denying health care access to the bankrupted small-business owners who because they were owing money on their own insurance policy did not have access to health care. They all stated that without personal contacts and good networking skills they could not do their job. One of them mentioned how she had to appeal to the regional governor of her area and "his known humanism" in order to intervene with the local tax offices so that they can give tax exemption documents for one of her clients to get access to health insurance. *"Everything we have to do take ages and ages. I had to chase down the regional governor, he is well known for his humanism. I needed him to intervene in the local tax office in order to persuade them to issue tax exempt documents so I can use them to insure them uninsured people. I have been successful towards that but it takes ages and it should not be left to the humanism of the governor or my personal contacts"*.

Another stated: *"Trying to get insurance coverage and jump all these administrative hurdles is so time consuming. Other public sector colleagues cannot understand why we spent so much time. I had one other public servant asking me; is he your uncle since you are concerned so much to get him coverage. It is obvious they do not understand and cannot see why we do it. They have become so individualized in their responses"*.



In cases in which social workers were unsuccessful in helping clients obtain health care insurance (i.e. in cases where they could not get tax exemption documents) they were reverting to collaboration with socially conscious doctors for the reclassification of cases to 'emergency cases', making service users eligible for free emergency access to health care. One social worker stated: *"We are lucky that in our hospital there is a group of very conscious doctors that they are concerned as much as we are in providing health care to all. Not all colleagues are lucky though in other hospitals"*.

Both these practices intensify hospital social workers' workloads but also demonstrate that they approach health care as a right and that they defend that right against SAP-imposed policies that recast health care as a commodity. Their responses can be viewed as active, albeit indirect, acts of resistance to SAP policies and to the neoliberal restructuring and exclusion it entails. Participant 5 stressed that this necessitates a good culture of cooperation between medical professionals and social workers, becoming a collective act of resistance. Every social worker stated clearly that they attempt to secure coverage for uninsured service users but not all social workers were engaged in utilizing the emergency health care resource to access. One participant stated very clearly: *"These are the new policy framework we have to work under. There is not much else we can do. If they are uninsured we inform them about the new policy context and then we refer them to solidarity health clinics"*.

Her comment clearly reflects various approaches being taken. However, the encouraging thing was that they were medical social workers who were trying to utilize creatively the opportunities despite the existing austerity environment. This was achieved by creatively transforming cases of service users as emergency cases and thus exercising rights based social work (Ife, 2012). They seemed to be creative in providing equal access to health care to all, possibly being informed by a 'health equality imagination' (Giles, 2009). Other social work scholars who theoretically conceptualize social workers as engaging in resistance to neoliberalism through their professional discretion have reached similar conclusions. They see social workers who resist and reinterpret procedures as quiet challengers (White, 2009). In some respect they can be regarded as challenges to neo-liberalism's erosion of solidarity (Lorenz, 2005), as work-based activism informed by social work ethics (Giannou, 2011) or as micro acts of ethical resistance (Pentaraki, 2017b).

Such behaviour can also be seen as a way of retaining one's professional dignity and upholding one's code of professional ethics within an uncaring neoliberal world order, offering hopeful glimpses of an ethic of resistance. However, Carey and Foster (2011) disagree with the meaning of this behaviour. Although these researchers conceptualize these actions in political terms, terming them counter hegemonic, they deny their exclusively political nature by arguing that there is a whole range of motives that inspire these acts, ranging from altruism or the relief of boredom due to bureaucratization, to 'a rational response to dissatisfaction or resentment felt towards patronizing or didactic advice offered by colleagues, managers or higher professionals' (Carey, Foster, 2011:586). However, this is not reflected in this study. Further, many participants mentioned taking part in demonstrations against SAP policies, thereby supporting an explicitly political justification for their actions. They seem to be fulfilling Giles' (2009) call on social workers to develop a 'health equality imagination'; however, this has been possible in Greece due to the collaboration of the social work staff with progressive doctors. How possible this is in other contexts, as austerity progresses along with tight bureaucratic policies, remains to be seen. However, social workers have been always working as street level bureaucrats and this is an optimistic sign that they continue to do so. (Lipsky, 2010; Evans, Harris, 2004).

Breakdown of both informal and formal modes of elderly care

Another theme that was identified by the majority of participants was the breakdown of both informal and formal modes of service delivery and provision of care. This is connected to the crisis of social reproduction that is consistent with neoliberalism, both in Greece and elsewhere, and the consequent withdrawal or minimization of state activity in social reproduction, as well as the



inability of the market to yield the jobs and income needed for family maintenance (Abramovitz, 2010). Crises in social reproduction have a gendered impact, with women disproportionately affected. This is because they constitute the majority of professionals in areas of state-controlled social reproduction, such as social work, education, and health care; they also do more than men in picking up the slack that accompanies decreased state care.

Participants highlighted that families, due to increased economic hardship, can no longer provide care for the recovery of a family member. Even middle-class families that traditionally hired private caretakers (most often immigrant women) to care for ill or recovering family members no longer have the necessary resources, increasing the length of hospital stays for service users. Hospital social workers were traditionally able to mobilize an extended family network to take care of family members in need, but this has become more difficult. This, combined with the decrease in care at the community level, has changed the workload of social workers. Discharge planning takes longer as social workers scramble to arrange resources, sometimes resulting in tensions between social workers and doctors, who do not always understand how the absence of a family support network influences the ability of professionals to arrange rapid discharge planning. For example, one participant reported: *"Families are under extreme hardships. Families that used to take care of the elderly through paying a carer [...] cannot do so any more. [...] They beg us to find a solution for their elderly parents. But the available places in the community for elderly care have been decreased. We cannot do anything and they can't either. They do not have the resources to take care of elderly parents and here we are trying to evoke a familial duty to them [...]"*.

Participants' statements gave glimpses of intergenerational familial solidarity being undermined as a result of the neoliberal transformation of society (Pentaraki, 2017a; Papadopoulos, Roumpakis, 2013). The economic pressures faced by Greek families make it extremely difficult to fulfil traditional social expectations of caring for their parents. Harvey (2005) argues that neoliberalism entails both a specific economic process and a reconfiguration of society, which brings much 'creative destruction' (Harvey, 2005:3) of prior institutional frameworks, divisions of labour, social relations, welfare divisions, reproductive activities, and ways of life. Neoliberal policies have placed the responsibility of the state in the hands of individuals, but families are unable to meet these responsibilities.

In Greece, elder care in middle-income families has traditionally been provided by female immigrants who worked as home care workers. This enhanced the status of middle class Greek women as it enabled them to avoid the constraints of kinship care. However, decreased income has now made this impossible (Bettio et al., 2006). This has resulted not only in a loss of care for middle-class elders but also in a loss of economic opportunities for immigrants. This has affected not only them but also the dependents in their home countries to whom they were often sending remittances. Nevertheless, we need to remember that these economic opportunities for immigrants also had an exploitative dimension, as in many cases the work done by immigrant women was undocumented and without any protection (Parreñas, 2001; Isaksen, Devi, Hochschild, 2008). This reflects a global care chain characterized by the unequal and transnational division of social reproductive labour along gendered, ethnic, regional and class lines (Parreñas, 2001).

The breakdown of both informal and public provisions for elder care also translates into more pressure placed on women, as a result of prevailing gender roles by which women do a disproportionate amount of caring, undermining advances in gender equality. This care burden will become even more evident during the next few decades as Greece ages, with Greece having one of the highest shares of people over 65, higher than the EU average (Eurostat, 2018b).

'The only thing I can do is to empathise': Use of the self and the empathetic relationship

Participants described how deteriorating socio-economic conditions have undermined their capacity to effectively assist service users, leading to what participants referred to as a 'first aid approach'. 'We provide first aid', stated a director to explain the sort of social work that they must



now engage in. Howe (1996) refers to this type of social work as 'surface' social work. This is consistent with previous research findings that social workers in Greece now provide first-aid type service (Georgoussi et al., 2003; Papadaki, Papadaki, 2008).

Participants in the present study echoed the demoralization and alienation that characterized frontline social workers recently interviewed in England (Jones, 2001, 2005). For example, one participant stated: *"You feel the misery even with the space surrounding you [...]. It takes me 15 minutes to access my documents in the computer. It's misery not to have a space for interviews. And this misery keeps getting worse. When you do not feel proud in your space, when you are not paid a respectable wage, you cannot work well and face the misery that you see in front of you. Few are the cases that you see well."*

However, despite these difficult feelings, social workers do the best they can. To that end, they turn to the only resource that they have left: themselves. In many schools of psychology and counselling, use of self has been conceptualized as a necessary pre-condition for a successful therapeutic relationship (Rogers, 1957). Similarly, relationship based social work, entailing the use of the self, has been conceptualized as the basis for any important social work intervention (Ruch, Turney, Ward, 2018). A different conceptualization of the self under conditions of austerity is gleaned from the findings. The conceptualization we see emerging is one as the only available resource that can be utilized for the interests for the service users and as the only resource a professional can use to maintain a sense of professional integrity and dignity in an uncaring neoliberal world (Pentaraki, 2017b). This conceptualization seems to emerge out of an acknowledged shared interest or shared austerity reality as it has been argued elsewhere (Pentaraki, 2017a) between social workers and service users.

The participants in this study utilize the self as one of the few resources left. While the use of self as a resource has been a feature of social work practice, it has always been only one intervention among others. Participants focus on offering emotional support, recognizing that their ability to make a difference has been compromised. As one of the participants put it: *"... Thus, you [emotionally] support the service user. [There is not much else you can do]. Things are very constrained. Greece has become completely bankrupt; both the health care and the welfare system, too, which are bankrupted even more. "And I just remain here fooling myself that I do something but the only thing I do is [...] to talk to people when they come to me [...]. Thus, I empower him or her so they can breathe for a couple of more days until they come back to us. The only think I do is to empathise [...] because you are also in the same difficult position as him or her in terms that we have become poorer [...]. I also have a husband with [health needs]. Thus, I needed to do a lot of work so I did not get influenced because, in addition to being a social worker, you are human too"* (Pentaraki, 2017a).

This statement also reflects demoralization as to the legitimacy of this type of social work, as well as burn-out resulting from overextending emotionally. As fewer resources are available, medical social workers overextend themselves trying to meet their clients' needs. Social workers are expected to utilize a psycho-social approach to assist service users whose lives have been devastated by socio-economic forces, as social workers have been left with no resources or community services. As a result, participants reported working harder and harder, and in very emotionally demanding ways, but feeling increasingly futile. This has resulted in a decreased sense of self-efficacy, as well as a contradictory sense of growing helplessness. Participants felt that it was important to acknowledge that these feelings stemmed from going the extra mile for their service users, and that these experiences were shared as both them and the service users experienced a shared austerity reality (Pentaraki, 2017a, 2017b).

An emerging collective identity

Another theme which was identified reflects an emerging collective identity through their use of the word 'we'. As a director of social services stated: *"We talk with each other over the phone and discuss what to do since there are new cuts now and then. [...]. We experience a state of high levels of insecurity"*.



The same participant continued to discuss how talking to colleagues is a source of support both for personal and professional strains resulting from austerity measures. Talking with colleagues and offering mutual support also has been previously identified as a protective factor against emotional dissonance in medical social work practice (Nelson, Merighi, 2003).

This mutual support seems to enable them to continue working, supporting the service users any way they can despite the difficulties and also mitigates the wider pressures.

Furthermore, talking with colleagues may be both a sign of mutual support and a collective means of addressing social spending cuts. It offers the potential of resistance as it suggests an understanding that austerity cuts need to be dealt with collectively rather than remain unquestioned as the pressures felt at work are not of their own doing but are a result of the imposed policies. This understanding challenges the dominant discourse that there is no alternative (Pentaraki, 2013). These findings suggest that these participants may not hold a neoliberal individualistic understanding of the world, as they talk with each other in search of a collective approach to finding a solution. How far will this quest go and what kind of solution will be reached, remains to be explored in a future study. Such work could further explore if and how their grievances have been articulated for political purposes and if their shared concerns are enough to motivate them to political action (Polletta, Jasper, 2001).

CONCLUSION

As part of the neoliberal restructuring of the Greek society and the welfare state, the imposition of the SAP has undermined the welfare state by creating a prohibitively complex environment for the delivery of social services. Changing socio-economic conditions have placed new challenges on medical social work practitioners: work overload, resource constraints, and demoralization. Health care spending cuts within the context of neoliberal capitalism clearly undermine participants' ability to effectively perform their work but they do the best they can with the available resources. The participants in this study do the best they can to uphold health care as a right, intensifying their efforts to locate resources, build networks, draw from personal resources, and go the extra mile. For some practitioners, this environment has led them to focus on a first aid approach. Others have made use of subversive strategies, such as reclassifying service users as emergency cases to ensure care, while many, in the face of a lack of external resources, have begun increasing using themselves as a resource, pushing the families of services users to care for those in need (which is extremely difficult, as many families do not have any sources of support, themselves), or returning to pre-welfare state practices, seeking philanthropic contributions from churches and volunteers. Surprisingly these findings have been identified even in countries like Sweden with traditional strong welfare states (Jönsson, 2014).

The findings of this study concur with previous findings documenting how social services and health care have been undermined by SAP in countries of the global south (among others see Nayar, 1998; Kawewe, Dibie, 2000; Handa, King, 2003; Laird, 2008; Hossen, Westhues, 2012). Greece, a country which was already strained since the welfare state in Greece was not fully developed (Markadonatos, 2012; Papadopoulos, Roumpakis, 2013) has been affected harshly. This undermining of the welfare state and the health care mirrors the experience of other Western countries, such as Canada and Finland, which have experienced reduced hospital stays, service privatization, and user fees, to the detriment of both professionals and service users (Heinonen et al., 2001; Baines, 2006). Wallace and Peace (2011) argue that Australian social work is part of a neoliberal project (Healy, Meagher, 2004); Jones (2001) agrees with regard to social work in the UK.

The insufficient community infrastructure documented in developing countries (Crabtree, 2005) is appearing now in developed countries such as Greece, suggesting that there is a downwards convergence of socio-economic conditions (Hermann, 2014). Instead of the conditions in the countries of the global south converging with the conditions of global north and thus improve



(Comaroff, Comaroff, 2012), the opposite is happening. Findings from this study indicate that changes in Greek social work practice are a function of changes in the overall socio-economic environment (Pentaraki, 2017a, 2017b), which are met with resistance, in keeping with one theoretical model of social work, in which the overall socio-economic system is cast as the site of social work intervention (Pentaraki, 2013). This approach is informed by the international definition of social work produced by the IASSW and IFSW, moving beyond an individualistic approach to problems by acknowledging that individuals are continuously affected by their environments.

The majority of the participants in this study seem to adhere to this politicized definition of social work; however, it is unclear how they will use this definition in the evolving Greek context. What is clear is that these participants see their work as strongly associated with a political commitment to upholding health care as a human right. Hence, they practice rights based social work despite the constraints of the policy framework. This is compatible with the International Federation of Social Workers' (International Federation of Social Workers IFSW, 2008:1) statement on Health which states that: *'All people [need to] have an equal right to access resources and services that promote health and address illness, injury and impairment, including social services. IFSW will demand and continue to work for the realisation of these universal rights through the development, articulation and pursuit of socially just health and social policies'*.

It also states that health "is an issue of fundamental human rights and social justice and binds social work to apply these principles in policy, education, research and practice".

Social workers' practice has to be informed by these guidelines along with the IFSW (2016:1) statement against austerity which urges social workers to challenge austerity as it is a flawed economic theory that increases inequality and distress in people's lives. It also urges social workers to "challenge any political ideologies that prioritise profit and the financial sector over people".

What hospital social workers in Greece as well as elsewhere face is a manifestation of the neoliberal agenda which prioritises profit and the financial sector over people. Their pressures and difficulties are a manifestation of neoliberal capitalism (Pentaraki, 2017b) This has undermined both their working conditions and practices, threatening not only the professional quality but also the prestige of the profession. When social workers are left with depleted resources the public trust of social services can be undermined. To offset this and protect their professional dignity the participants use their self as the only resource left. They also use subversive tactics to protect health care as a right. This can offer a glimpse of hope provided that these practices of resistance continue to grow and furthermore find articulation at the macro level.

Limitations and future research

The small, non-representative sample on which study findings were based makes generalization limited (although the small size has less of an impact than it otherwise might, as at the time of the interviews all public hospitals were centrally administered). Further, a lack of longitudinal data makes a comparison of how service delivery has been impacted following the SAP impossible. A larger sample including service users, not just service providers, would provide more detailed and generalizable information. Given the lack of longitudinal comparison studies, it would be helpful to ask for more quantifiable information from participants, such as the number of service users per social worker in the past in comparison to those at the time of interviewing. Follow up research is also needed as there has been a change of government in Greece since the time of the interviews. The last government was elected on an anti-austerity agenda, unfortunately though it continues to enforce the SAP austerity measures due to the bullying tactics of the TROICA (Pentaraki, Speake, 2015). However, despite the intensification of austerity measures, the last government improved access to public hospital services. This needs to be researched in future.

Despite these limitations, this study offered useful insights on the delivery of social services under SAPs characterized by stringent austerity. As more and more countries are moving towards



neoliberal-informed social service delivery systems, the author hope that the experiences of social workers detailed in this study will highlight the negative impact that such changes can have not only for service users but also for social workers. It is anticipated that these findings will stimulate public debate on ethical limits to austerity. A first glimpse is seen in the resolutions and the recommendations about equal access to health passed by the council of Europe (2013) whereas European countries are urged to protect the right to health as enshrined in article 11 of the European Social Charter. However, despite these recommendations, the health care budgets in many countries have been decreased, indicating that the social model of European Union is seriously undermined (Hermann, 2014). Rising inequalities within a context of neoliberal capitalism necessitate neoliberalism to become a locus of intervention for the social work profession (Pentaraki, 2013; 2017a; 2017b; 2018). Social work professional associations, informed by the social justice mandate of the global definition of social work, along with other progressive organizations have to flag-up the misery caused by neoliberalism and at the same time to organize to stop it. This is not easy as there is a segment of the population, even some social workers (Pentaraki, 2018), who have bought into the neoliberal mantra of 'There is No Alternative' and have adopted "austerity common sense" ideas (Pentaraki, 2018) i.e. that austerity is inevitable. However, austerity is part of an ideological project (Pentaraki, 2013; IFSW, 2016) and as such has to be challenged and counteracted with the social work values and principles of social justice and human rights for all.

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